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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/783,505	
	Filing Date	February 20, 2004	
	First Named Inventor	Bloomfield, David P.	
	Art Unit	1764	
	Examiner Name	Ridley, Basia Anna	
Total Number of Pages in This Submission	15	Attorney Docket Number	X-0132

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) [1 Replacement Sheet] <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Patent Application Fee Determination Record (PTO/SB/06) Return Postcard			
<table border="1"><tr><td>Remarks</td><td rowspan="2">Should any fees be required, the Director is authorized to deduct said fees from Deposit Account No. 03-1620.</td></tr><tr><td> </td></tr></table>			Remarks	Should any fees be required, the Director is authorized to deduct said fees from Deposit Account No. 03-1620.	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Frank C. Turner
Signature	
Date	August 8, 2005

CERTIFICATE OF MAILING

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Signature		Date	August 8, 2005

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